SUBSTITUTE W 9/VENDOR UPDATE FORM

In order for the State of Iowa to pay you the amount that is due to you and to comply with the IRS regulations on reporting these payments, we are requesting the following information. **Failure to provide this information will result in withholding of payment.**

Please fill in either Box A or Box B not both (start with Box A) Box A Box B Are vou/Your Business YES NO Is your business YES NO **Individual** [I]**Corporation** [C] Sole Proprietor [S] _____ **Partnership** [P] If the answer to both was NO, please complete Box B **Estate or Trust** $[\mathbf{E}]$ Phone Government [G] Fax If you answered Yes to either item, please provide your Social Security number (Sole Proprietors may enter their EIN, however, the IRS prefers you use your SSN): Please provided us with your **Federal Employer Identification Number:** SSN | | | - | | - | | | OR Fax Last Name | | | | | | | | | | | | | | AND First Name | | | | | | | | | | | | Complete the Name and Address below: Doing Business as Doing Business as: | Address #1: Address #2: State: Zip: | | | | | - | | | State: | | | Zip: | | | | |- | | | **Certification Must Be Signed By Vendor** Certification – Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subjected to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. Signature —

——————————————————————————————————————	
Office use only	
From Dept Contact Phone #:	Add Change Delete Reason